



Due By April 30, 2010

ID# 99816

09 FS-1

# Rhode Island Ethics Commission

## 2009 YEARLY FINANCIAL STATEMENT

RECEIVED  
RHODE ISLAND  
ETHICS COMMISSION  
10 APR - 2 PM 12:42



DAVID E BATES  
65 PRIMROSE HILL ROAD  
BARRINGTON RI 02806-0000

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

**Note:** If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. NAME OF OFFICIAL BATES (LAST) DAVID (FIRST) E (INITIAL)

2. HOME ADDRESS 65 PRIMROSE HILL RD (STREET) BARRINGTON (CITY/TOWN) 02806 (ZIP CODE)

SAME  
MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

SENATE DISTRICT 32 (PUBLIC POSITION) RI (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 2008 (date) I was appointed on \_\_\_\_\_ (date) I was hired on \_\_\_\_\_ (date)

If you no longer hold a public position, state date of termination or resignation \_\_\_\_\_

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

SENATE DISTRICT 32

5. List the following: NAME OF SPOUSE

ANNE B. BATES

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY  
MEMBER EMPLOYED

NAME AND ADDRESS  
OF EMPLOYER OR OCCUPATION

DATES AND NATURE  
OF SERVICES RENDERED

DAVID E. BATES

A. N. NUNES AGENCY  
549 HOPE ST  
BRISTOL, RI

1982 - PRESENT  
PRESIDENT

DAVID E. BATES

RI SENATE

1992 - PRESENT

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

NONE

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST:

NONE

NAME OF TRUSTEE AND ADDRESS:

NAME OF FAMILY MEMBER  
RECEIVING TRUST INCOME:

ASSETS:

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

DAVID E. BATES

A N NUNES AGENCY  
549 HOPE ST

PRES. TRUSTEE

ANNE B. BATES

BRISTOL, RI

SECR. DIRECTOR

David & Anne Bates

Question 11

Abbot Labs  
Citigroup  
General Dynamics  
General Electric  
General Mills  
Kinder Morgan Energy Partners LP  
McDonalds Corp  
Monsanto  
Teva Pharmaceuticals  
Freeport McMoran Copper & Gold Inc B  
Central Gold Trust  
Central Fund of Canada LTD-A  
Market Vectors Gold Miners ETF  
Currency Shares Swiss Franc  
First Eagle Gold Fund  
FAM Value Fund  
Fidelity Select Medical Equipment  
Fidelity Select Industrial Materials  
Fidelity Select Medical Delivery  
Fidelity Select Consumer Staples  
Fidelity Select Chemical Portfolio  
American Growth Fund of America  
MFS Utilities Fund  
Parnassus Workplace Fund  
T Rowe Price Capital Appreciation  
Royce Value Plus Fund  
The Yacktman Focused Fund  
Royce Premier Fund  
Royce Value Plus Fund  
Vanguard Inflation Protected Securities Fund

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING  
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY  
MAKING GIFT OR CONTRIBUTION

NONE

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

DAVID E. BATES  
ANNE B. BATES

A N NUNES AGENCY INC  
549 HOPE ST  
BRISTOL RI

SEE ATTACHED LIST

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS  
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE  
OF TRANSACTION

A N NUNES AGENCY INC  
549 HOPE ST  
BRISTOL, RI 02809

RI CLEAN  
WATER  
FINANCE

6/15/09  
RFP-D+O  
POLICY

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

A N NUNES AGENCY  
549 HOPE ST  
BRISTOL RI

DBR

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)  
AND DATE ACQUIRED AND/OR DIVESTED

*None*

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS  
OF BUSINESS

DESCRIPTION OF INTEREST  
DATE ACQUIRED AND/OR DIVESTED  
(DO NOT INCLUDE AMOUNT)

NAME OF STATE  
OR MUNICIPAL AGENCY

*None*

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

*None*

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

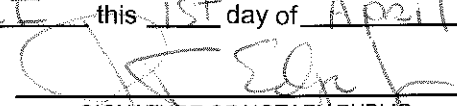
  
SIGNATURE

State of Rhode Island

County of Bristol

Subscribed and sworn to before me at Bristol RI this 1st day of April 2010

My Commission expires: 4/7/14

  
SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.